UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:	April 30, 2008			
Estimated average burd	len			
hours per form	16.00			



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix			Serial			
		_ 1				
DATE RECEIVED						

Name of Offering ([] check if this is an ame	endment and name has cl	hanged, and indica	te change.)		
LifeCloset, Inc - Series A Preferred Stock	Financing				
Filing Under (Check box(es) that apply):	[] Rule 504	[] Rule 505	[X] Rule 506	Section 4(6)	[] ULOE
Type of Filing: [X] New Filing	[] Amendmer	nt		AECEINED CA	
	A. BASIC	IDENTIFICATI	ON DATA		
1. Enter the information requested about t	he issuer			7 Z006	
Name of Issuer ([] check if this is an amend	dment and name has cha	nged, and indicate	change.)		
LifeCloset, Inc.				10 213 AC	
Address of Executive Offices	(Number and Street, C	ity, State, Zip Cod	e) Telephone Numbe	r (Including Area Code)
2880 Zanker Road #231, San Jose, CA 9	5134		(408) 268-7909		
Address of Principal Business Operations	(Number and Street, C	ity, State, Zip Coc	e) Telephone Numbe	r (Including Area Code)
(if different from Executive Offices)			PROCESSE		
Brief Description of Business			1 1 1 2 2	<u> </u>	
Internet based consumer website			AUG 0 2 2008	E	
Type of Business Organization			77		
[X] corporation	[] limited partne	ership, already form	nedTHOMSON	[] other (please spec	cify):
[] business trust	[] limited partne	ership, to be formed	FINANCIAL		
		Month	Year		
Actual or Estimated Date of Incorporation or	•	[05]	[2006]	[X] Actual	[] Estimated
Jurisdiction of Incorporation or Organization	: (Enter two-l	letter U.S. Postal S	ervice abbreviation for S	State:	
	CN for Can	ada; FN for foreign	jurisdiction)		[DE]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

-			
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[X] Executive Officer	[X] Director
Full Name (Last name first, if indiv			
Luong, Tuoc	umber and Street, City, State, Zip Code)		
2880 Zanker Road #231, San Jo	se, CA 95134		
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director
Full Name (Last name first, if indiv			
Zhang, Peter			
	umber and Street, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter [X] Beneficial Owner	[] Executive Officer	[] Director
Check Box(es) that Apply.	[] General and/or Managing Partner	[] Exceditive Officer	[] Director
Full Name (Last name first, if indiv	ridual)		
Hung, Harrison			
Business or Residence Address (N 2880 Zanker Road #231, San Jo	umber and Street, City, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director
PF-3	[] General and/or Managing Partner	[]	() =
Full Name (Last name first, if indiv	ridual)		
Business or Residence Address (N	umber and Street, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter Beneficial Owner	[] Executive Officer	[] Director
- The state of the	[] General and/or Managing Partner	•	[] =
Full Name (Last name first, if indiv	ridual)		
Business or Residence Address (N	umber and Street, City, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director
	[] General and/or Managing Partner		
Full Name (Last name first, if indiv	/idual)		
Business or Residence Address (N	umber and Street, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter Beneficial Owner	[] Executive Officer	[] Director
	[] General and/or Managing Partner		
Full Name (Last name first, if indi-	ridual)		
Business or Residence Address (N	umber and Street, City, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director
Full Name (Last name first, if indi-			
Business or Residence Address (N	umber and Street, City, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director
Full Name (Last name first, if indi-			
Business or Residence Address (N	umber and Street, City, State, Zip Code)		
	(Use blank sheet, or copy and use additional copie	s of this sheet, as necessary.)	

•				В	. INFO	RMAT	ION A	BOUT (OFFER	ING		h			
1. 1	Has the issue	r sold, or c	loes the iss					tors in this nn 2, if fili						Yes	No [X]
2.	taran da antara da a								\$ <u>NO</u>	NE					
3. 1	Does the offe	ering perm	it joint ow	nership of a	a single ur	it?			•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes	No [X]
1	Enter the information agent of a brope listed are	n for solicit oker or dea	ation of poler registe	urchasers i red with th	n connecti ne SEC an	on with sa d/or with a	iles of secu	arities in th tates, list th	e offering. ne name of	If a perso	on to be lis r or dealer	sted is an as	ssociated	persor	
FullN	Vame (Last n	ame first, i	findividua	al)											
Busin	ess or Reside	ence Addre	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)					· · · · · · · · · · · · · · · · · · ·			
Name	of Associate	ed Broker	or Dealer												
States	s in Which Pe	erson Liste	d Has Soli	cited or In	tends to So	olicit Purcl	nasers							···	
	(Check	"All States	s" or check	individua	l States)							**************	[] .	All Stat	es
	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] MI] [OH]	[GA] [MN] [OK]	[HI] MS] [OR]	[] . [ID] [MO] [PA]		•
Full N	[RI] Name (Last n	[SC] ame first i	[SD] f individua	[TN] al)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
	ess or Reside				et City S	tate Zin C	ode)	···· · · · · · · · · · · · · · · · · ·							
	of Associate								····						
Name	OI ASSOCIATE	ea Broker	or Dealer					1 -1							
States	s in Which Po	erson Liste	d Has Soli	cited or In	tends to Se	olicit Purch	nasers								
					•						•••••			All Stat	es
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	Vame (Last n	ame first, i	f individua	al)											
Busin	ess or Resid	ence Addre	ess (Numb	er and Stre	eet, City, S	tate, Zip C	ode)						,		,
Name	of Associate	ed Broker	or Dealer												
States	s in Which Po	erson Liste	d Has Soli	cited or In	tends to Se	olicit Purch	nasers								
	(Check	"All States	s" or check	individua	l States)						•••••		[]	All Stat	es
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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the securities offered for exchange and already exchanged. Type of Security	Aggregate	Amount Already
Type of Security	Offering Price	Sold
Debt	\$	\$
Equity	\$ <u>500,000.00</u>	\$500,000.00
[] Common [X] Preferred	¢	¢
Convertible Securities (including warrants) Partnership Interests	\$	\$ \$
Other (Convertible Promissory Notes)	\$	\$ \$
Total	\$500,000.00	\$500,000.00
Answer also in Appendix, Column 3, if filing Under ULOE		·
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	2	\$500,000.00
Non-accredited Investors		\$
Total (for filings Under Rule 504 Only)		\$
Answer also in Appendix, Column 4 if filling under ULOE		
If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part $C - Question 1$.		
Type of Security	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	[]	\$
Printing and Engraving Costs	[]	\$
Legal Fees	[X]	\$5,000.00
Accounting Fees	[]	. \$
Engineering Fees.		· \$
Sales Commissions (Specify finder's fees separately)	•	\$
		\$
Other Expenses (identify):		JD

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$495,000.00 Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above. Payments to Officers, Directors, & Affiliates Payments To Others Salaries and fees [] _____[] Purchase, rental or leasing and installation of machinery and equipment[] _[] Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another ____[] Working capital and general corporate purposes [] \$____[X] \$495,000.00

[]

\$495,000.00

[X]

Other (specify): []

Column totals []

Total payments listed (column totals added)

5.

n.	FEDER	AI.	SIGN	ATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

lssuer (Print or Type) LifeCloset, Inc.	Signature W W	Date 7/10/06
Name of Signer (Print or Type)	Title of Signer (Print or Type)	1 /
Donald M. Keller, Jr.	Secretary	

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)